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R. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D.,
EDITORS.

THERAPEUTIC VALUE OF FIELD-SPORTS.

One of the best periodicals published in this country is the "Forest and Stream,"* of New York, devoted to the chronicle of field-sports, etc. It is a wonderfully well-conducted paper, coming out once a week with its immense pages filled with material from the best of pens all over this country, sparklingly edited and finely illustrated. No one can read its life-like sketches and not have stirred within him the love for nature which lies at the bottom of every good man's heart. But it was not because it brought such delightful pictures of the forest and field and stream to us, who, cooped up in city life, had so little opportunity of experiencing the reality, that we have made this notice of it in our pages. It was because it reminded us to point out a valuable and neglected mode of cure, and to place the medical aspects of the interests which it advocates before our readers, that we have been led to notice it in these columns intended for professional eyes.

The practitioners of rational medicine should take care not to narrow their armamentarium down to the exhibition of drugs. Our catholic dogma that whatever has cured may do so again recognizes far more forces than the dispensatory affords; and some of these, it must be confessed, are better handled by our heretic brethren than by our-

selves. The hygiene of the water-cures and the imaginative element of the homeopathic method are not to be despised. One thing is certain, that there is no more powerful agent in the control and cure of disease than amusement. Of course one can not laugh away a small-pox, or drive off a rheumatism by a few well-directed jokes—such therapeutics would in fact be a little ghastly in the premises—but in the hundred ills which are included under the names of dyspepsia—the out-of-sorts, the chronic do n't-feel-wells—and even many organic troubles, which so harass the patient and puzzle the practitioner, yield oftentimes like a charm when once the mind is diverted from their continual contemplation. We are in the habit of prescribing travel for these affairs; but travel is an expensive thing which few can indulge in, and does not always succeed with those who can undertake it; principally for the reason that it does not always amuse, but rather substitutes one labor for another. When Newport and Niagara have failed, and your alteratives get no results, and you are puzzling yourself sometimes what you will do next, try the prescription of: R. Go a-fishing; or, Sig., A hunt daily for a week or two; and see if you know your man when he gets back. They are the most rational medicines that one can take. In them psychological and physiological forces combine to lift the life-machine from the ruts into which it may have fallen. You say that malaria lurks in the fields?—corduroy is a better protective than quinine; that wet feet bring on colds?—never, when dried by a camp-fire. You say that your patient has no fancy for this sort of thing? We have

*"Forest and Stream," etc., the American sportsman's journal, published every Thursday by the Forest and Stream Publishing Co. New York: Chas. Hallock, Editor and Manager. Subscription \$4 per annum.

yet to meet one who does not like it when he has tried it. It is a part of our original nature to love it. In every one there rises at times a desire to break away from the trammels of civilization, and go wild. The baby, just able to toddle, pitches its tent in the nursery, with a chair for the ridge-pole, and mother's shawl for the canvas. The older urchin cooks his dirty dough by the fire built in the back yard, and dreams of adventure. The desire is just as instinctive as love, or hope, or any other passion in the human breast; and he is the wisest doctor who recognizes the voice of nature not only when disease is at hand, but in the warnings it gives of its approach. Talk about prophylactics and hygiene—a man may live longer and better with a week's camping on the Kankakee or Green River twice a year, than by following all other directions that the sanitary wisdom of the state can devise. It is not the time only which is actually spent in these delightful wilds which renovates him, but the memory of that which is gone by and the contemplation of that which is to come renew his life day by day. Nor is it the number of fish on his string or the birds in his bag that measures the restoration of his wasted energies. A glorious nibble may stir the nerve currents to the brachial plexus for months to come, and a winged partridge excite hopes that may never die. The fact is—as the man of elegant diction said when he put the pepper and salt and vinegar on the oysters he was eating—it is the “condignments” which make up the pleasure of the affair. It is the invigorating atmosphere of the country, the rustle of the trees, the waving of the green fields, the babble of the waters. It is the fiz of the frying-pan, the aroma of the middling—possibly, too, a little gurgle of the Bourbon, and the rattle of the chips in a very limited game. These are some of the factors of delight; but above all is the sense of security against the world, the consciousness of the merchant that the mails can not reach him with the intelligence of bills payable, and of the doctor that the work of life and

death is for awhile in other hands—and the therapy of this placid feeling has no equal in the pharmacy of the world.

Try it, brother, not only on your patient, but on yourself. Take the holiday in the glorious spring-time which is now on us that you have so well earned; go a-fishing or a-shooting; stay as long as you please, and be assured that not a moment is lost by your doing so. You will come back twice as strong and contented as when you went, and far abler to give health to those who look to you for it.

And, if perchance, you know of slashes where the zig-zag snipe do preternaturally congregate, or of streams where the game bass or the solemn goggle-eye longingly waits for the lively steel-back, send word to your friends in the NEWS. Our fields are shot to death; the fish in our creeks swim only in story; and we have at least convinced ourselves that April must find us by flood or in field.

THE Aphorisms in Fracture read by Dr. Cowling before the Central Kentucky Medical Association, at Harrodsburg, last summer, and published in the LOUISVILLE MEDICAL NEWS for December 29th, have been very extensively copied by the medical press of the country, and many commendatory notices of them have been made. In addition to the letters of Prof. Van Buren, Dr. Bauer, and Dr. Roberts, already published, several others from distinguished sources have reached the author. Prof. Sayre, in commending them, humorously adds that, “inasmuch as they express the doctrines which I have advocated for the last ten years, of course they must be correct.” Prof. Markoe accepts them, save as they advocate the plastic dressings for *high* fractures of the thigh. Mr. Heath, of the University College, London, gives a general approval; and the following is an extract from a letter written by John Eric Erichsen, Esq.:

I was particularly interested in your condensed chapter on fractures, and think that your idea of in-

viting criticism and publishing the results is undoubtedly a good one, and likely to lead to a great practical consideration of the subject. What we very much want in surgery is a condensed epitome of our knowledge on purely practical matters. It is well that men should be thoroughly grounded in pathology and in the science of surgery; but for practical work we want handy knowledge, and your aphorisms will, I doubt not, tend much to the diffusion of condensed, practical knowledge in a very important department of our art.

The commendation refers, as will be seen, chiefly to the method of the aphorisms; but there can be no doubt of the indorsement of Mr. Erichsen of the doctrines they contain, as they are chiefly echoes of his teachings.

In publishing these notices the author again asserts that, independent of the natural pride he feels in the commendation of his work, he is actuated by other motives: he wishes to evoke criticism of the points he has stated in the aphorisms, many of which he knows are not generally accepted, that the truth may be arrived at. Unfortunately, so far the criticism has come from those only who in the main agreed with him. It would give him great pleasure to hear from those who dissent from the doctrines stated. Especially would he be glad to have any one show cause why nine tenths of the machinery for the treatment of fractures should not be destroyed, and wherein plastic dressings for the lower extremity fail *cito et tuto* to equal, and *jucunde et facile* to surpass, any other method in use.

DR. DAVID W. YANDELL sailed from New York for England, in the steamer Abyssinia, on Wednesday, April 3d. He expects to be abroad until some time in the summer, and will spend his time principally in London and Paris. Dr. Yandell goes abroad chiefly for his health, which for a year past has not been good. As its failure was undoubtedly caused by prolonged overwork, there is every reason to believe that the trip will restore him to his natural vigor. Our readers will be glad to hear that he has promised us many

letters for this journal while he is away. His observations made at the great medical centers of Europe will be doubly interesting, coming as they will from a professional expert of such high standing and a writer of such marked ability.

Prof. Yandell spent ten days previous to his sailing in New York, and was the recipient of much courtesy from the profession of the metropolis. Upon the evening previous to his departure a reception was given him by Dr. Bumstead, at which nearly two hundred of the New York profession were present, and a number accompanied him next day to the ship to say good-bye. Our readers will join with us, we know, in wishing him favoring gales, a pleasant stay among the scenes where, thirty years ago, he passed a period of his student-life, and that he may return safely and fully restored in health to the home where he is so much missed.

Original.

CLINICAL LECTURE ON BURNS AND SCALDS

Delivered in University College Hospital.

BY CHRISTOPHER HEATH, F.R.C.S., LOND.,
Holme Professor of Clinical Surgery.

[Reported by Mr. E. C. Bentham.]

I am going to lecture to-day, gentlemen, on burns and scalds, because we happen to have two or three cases now in the hospital, because they are very common accidents, and because you may not happen to see them when they first come in. Practically there is no difference between burns and scalds. A burn is the result of the application of fire; a scald is the result of the application of hot fluid; but if you were to pour boiling lead on a part, you would not be able to distinguish whether it was a burn or a scald.

The classical arrangement of burns by Dupuytren is into six degrees, but for all practical purposes three degrees are quite sufficient; (1) scorching from the applica-

tion of flame, (2) the stage where you have vesicles produced, and (3) where you have charring of skin and deep destruction of tissue.

The point for you really to recognize is whether it is a superficial burn, which can be treated out of doors, or an extensive burn, with destruction of tissue, which ought to be admitted into the hospital. Fortunately we do not get such severe burns in the present day as we did formerly when the fashion was different, and when crinolines were largely worn. We then often saw very severe burns from foolish women extending their dresses with crinoline and carelessly passing before the fire, where their clothes caught.

In the simple cases of burn all you have to do is to protect them from the air, and it does not matter how you do this. Collodion and castor-oil, the flexile collodion, or a solution of nitrate of silver are useful, because they form a pellicle over the skin and protect it from the air. All these cases do very well without much treatment. The case is more severe when you get vesication; and you must remember it is not serum in the vesicles, but liquor sanguinis, which contains fibrine; and therefore it is that you get coagulation of the contents of these vesicles if they are left for twenty-four hours without being treated. You may see this in out-patients, who think the burn is not sufficient for them to come to the hospital at once, and the next day you find the vesicle hard; and it is the coagulating of the contents of the vesicles which makes them difficult to treat in this stage. If you see a vesicle in the recent stage, what you ought to do is to prick it and put down the cuticle in position, and apply dressing over the skin. You may use the simple dressings that I have mentioned, or apply cotton wool, or dust the part over with flour, or you may use greasy applications. These again are simple cases.

The serious cases are where we get a large portion of the body burnt, and they are serious because of the shock they produce on the system; for you get in burns as well-

marked surgical shock as you can ever see, and it is very important that you should recognize and treat this rather than treat the local affection at first. You may be called to a patient who is badly burnt and suffering from severe shock, with a pale surface, extremities cold, pulse small and feeble, in fact apparently going to die; and if you set to work to apply elaborate applications to the local affection, and do not treat the shock, you really do harm. The great point is to recognize and treat the shock; and the way to treat these cases is to wrap them up in blankets, give them some warm drink, and give opium. You must remember, however, that children are very susceptible to opium, and you must be very careful with them how you give it, and the best plan is to give small doses repeated at intervals. In older patients you would have to give it more often; but I am quite sure even with adult patients smaller doses given frequently act better than a large dose given right off. Suppose that you have got the patient up to a pretty good warmth, and have brought about what is called "reaction" in a case of severe burn, the question is then what mode of treatment is the best for the local affection. I think myself that some greasy dressing is the best, because it is very easy to get off afterward. If you put on cotton wool, it is very difficult to get it off; and so it is that the old-fashioned carron-oil holds its place. It is an exceedingly nasty remedy, but it is very useful. It is a mixture of lime-water and linseed-oil; and when you mix lime-water and linseed-oil together you produce a certain amount of glycerine, and that is why it retains its moisture so long. Do not for one moment think, however, that you can improve matters by applying pure glycerine. Let me disabuse your minds of that idea, for it would be enough to drive the patient mad with pain. If you ever use glycerine for chapped hands (and it is a very good application), you will know how it smarts a broken skin. In private practice you will find the carron-oil—lin. calcis of the British Pharmacopœia, which

is made with olive-oil, and is therefore pleasanter—answer very well; but you can use zinc or any other simple ointment. We have of late in this hospital taken to use a preparation which is the invention of Mr. Godlee, and has the advantage to be to a great extent antiseptic. This is the boracic-acid ointment, and is made up in this way:

Boracic acid in fine powder... 1 part;
 White wax..... 1 part;
 Paraffin 2 parts;
 Almond-oil 2 parts.

Melt the wax, paraffin, and oil with a gentle heat; then add the acid, and continue stirring until it remains of uniform consistence. Before using it should be reduced to a soft mass by rubbing it in a cold mortar.

The paraffin makes the ointment rather hard and solid in cold weather, and therefore it wants rubbing down in a mortar, or slightly warmed, and then it answers very well, and forms as good a dressing as you can have. So much for the first stage.

If you should be unfortunate enough to meet with an extensive burn all over the body, I should strongly advise you to make use of a warm bath, and put the patient, burnt clothes and all, into the bath. Hebra, of Vienna, treats his skin-patients with warm baths, and lets them sit in the bath until all the crusts soak off; and we may advantageously adopt the same plan with severe burns. Put them into the warm bath, and arrange that the temperature should be kept up. The water surrounding would float off the patient the burnt clothes and cuticle, and you would be left with a healthy granulating surface, and possibly might thus save a patient's life.

We will suppose, then, that the patient has got over the first stage; what are the dangers that follow? The dangers are of visceral complication, particularly complications about the chest—supposing they escape that special danger about the abdomen, that peculiar ulceration of the duodenum which occurs in cases of severe burn. It is difficult to explain why this ulceration takes place. One explanation suggested is

that Brünner's glands are called upon to make up for the absent secretion of the skin; and therefore ulceration is set up, and you have perforation of the peritoneum, and the patient dying from peritonitis.

And then we come to the process of healing; because burns will heal by granulations, and the great point is to adjust your granulations so that you may not get faulty cicatrices.

We have a child up stairs now who could not get the string of her drawers undone, and so she applied a candle to it, and burnt her thigh. Now she has a granulating wound, and we are trying to assist nature by transplanting some cuticle.

There is another child in the same ward who was badly burnt about the buttock by running through a bonfire; and this is perhaps a more unfortunate place, since she has to lie on her face instead of her back. In both these cases simple extension of the limb has been sufficient, and is readily applied.

The worst cases of burns are those of which we have an example here in a boy who has been badly burnt about the face and trunk, and these are the patients you must be very particular about. The fact is, the patient and the doctor get tired of the treatment, and the patient is allowed to assume positions which cause very bad contractions of the cicatrices. In the first place, all cicatrices will contract, and the quicker they heal the worse they contract. Sometimes quacks undertake to heal burns by bringing the edges together, and the result is fearful cicatrization.

You see what has happened here. This boy has been badly burnt about the neck and chin; his jaw is drawn downward, and in fact his face is melted down into his neck. Well, now, here we have got a great mass of cicatrix, which contains fibrous tissue. As this boy grows up his jaw will become deformed, and his mouth being always open the saliva dribbles out. Unfortunately he has got his arm also badly burnt, and has a cicatrix extending down to the fingers,

which is extremely rigid; and it is well to bear in mind that these cicatrices affect the



deeper structures; for I once saw a surgeon cut rather boldly through a cicatrix on the arm, and cut the brachial artery. I hope we shall be able to do better for him than that. He has a band of cicatrix which binds down the fingers. What is to be done in this case? There are various things that have been suggested. In the first place, many surgeons would perform a plastic operation. For instance, suppose I were going to operate for this boy, I would incise round, and, putting the scalpel underneath, dissect up the cicatrix, and bring a piece of skin from the shoulders and turn it round. Perhaps you will understand the thing better if I show you an illustration of an old case of Mr. Carden's—a very old case. In this girl of fourteen the cicatrix had drawn down the chin and everted the lip. What Mr. Carden did was this: he dissected up the cicatrix, and brought a piece of skin from each side, turned it round, and brought it up to the middle. The result was very good here, if this is to be taken as a true drawing; but the artist, in touching up the picture, generally leaves out the cicatrix, and spoils it. After a time a band developed, which

tended to draw the chin down. It is a good example of the kind of operation which may be done in these cases. I have seen a good many cases of this kind, and the results are not satisfactory. If you read the records—and you will find a very good account in Mr. Holmes's book upon Surgery, and a better account in his book on Children—you will find that the results are not satisfactory. If you get the flaps to unite, they are very apt to wither; being transplanted they lose their vascularity; and really, if any body is honest enough to tell you the truth, you will find that the last state is worse than the first.

Mr. John Wood, of King's College, took the trouble, some years ago, to do a tagliacotian operation. Tagliacotius was the inventor of

transplanting the nose. Hudibras said the nose was transplanted from the buttock, but I believe that was not founded upon fact. Mr. Wood transplanted a flap of skin from the abdomen on to the arm, and the flap did very well and grew very well; but I see in his report that it was not so very good in the end, for the cicatrix had withered.

I want to try another plan, and that is to stretch the cicatrix; for all surgeons are agreed as to the advisability of stretching the cicatrices, but the difficulty is to do it effectually. If I adopt the plan that is often done, to put a belt on the patient's pelvis, you will find that it will do no good. What I must do is really to pull upon the cicatrix itself with plaster, and see how much can be gained by that method, and it will still be open to me to combine the transplantation of flaps of skin with the plaster-extension, should I find the latter alone insufficient. In cutting flaps for transplantation it is, in my opinion, very important to attend to the vascular supply of the transplanted portions, and also to take the incisions well beyond the cicatrix and into healthy structures, and not to do too much at one operation.

After a fair trial of the plaster-extension, I was obliged to combine with it two plastic operations on the neck. In the first I made a V-incision over the sternum, and, dissecting up the tissues thoroughly, converted the V into a Y, thereby gaining great improve-



ment in the front of the neck and mouth. In the after-treatment I continued the use of the plaster with great advantage, and by shaving the scalp was enabled to fix the plaster firmly to it, so as to make traction upon the lip and chin. Subsequently I dissected up a second flap from the right shoulder, so as to allow of the head being straightened. The cicatrices of the right arm yielded to the pressure of the plaster and the use of the splint so far as to render any operation unnecessary, and the deformity of the left arm was not sufficient to require treatment. The patient was more than twelve months in hospital.

LONDON.

MR. SAMPSON GAMGEE has published a very interesting volume, containing eight lectures on the treatment of wounds, "made up from many clinical discourses to students and addresses to medical societies."

"THE MEDICAL JOURNALS OF KENTUCKY."

Response of Dr. Cowling to the Toast at the Banquet given to the State Medical Society at Frankfort. Published by request.*

It is all very well for the toast-master (Dr. Palmer) to say that we shall have plenty of suppers, but no more speeches for another year. For my part, I think it is a diabolical proceeding to interrupt the regular order of business with the talk. I knew the "medical journals" were inevitable, and I looked anxiously around for one of my brethren to make the acknowledgment. None were present save my colleague, and he had already been up; so I felt it would come to this.

Gentlemen, in the words of Dr. Kelly, at Hopkinsville, I am a thinker, not a speaker; and, obliged as I am, even in the midst of this humid atmosphere, to take my toast dry, it is terribly straining on my nerves I assure you. I hardly believe that you appreciate to the fullest extent the wealth of medical journalism in Kentucky. It has been seldom that the state has not been represented, and well represented, in this sort of literature. The senior Yandell, Bemiss, Gross, and such men in days gone by carried on the work; and to-day, numerous as are the medical periodicals in the country, Kentucky, in proportion to its population, does more in this line than any other state. It lays claim to two monthlies, a bi-weekly, and a weekly. Three of these are published outright in Louisville; the fourth, like Colossus, straddles a couple of states. And, in the estimation of some at least, the Kentucky journals excel in other things than numbers. I believe that even the most careless observer must have noticed the amiability with which they are conducted. Doctors may differ, but the medical editors of Kentucky—oh, never! You say you heard a terrible amount of noise coming from their quarters, considering they were such peaceful men? Well, that was only the escape of the gases, while the elements of their mighty truths were mingling. Did the Amer-

* Of Dr. L. P. Yandell, jr.

ican Bi-Weekly shy a lot of medical bricks through the windows of the News; and did the News put a scholastic torpedo or so under the front steps of the Bi-Weekly? That was only to make things lively, you know. As John Leech said about the horse that ran off with the fellow and took him into a green-grocer's shop, "he always was a light-arted hanimal." Rest assured that, whatever may happen, the medical editor of Kentucky will always be found defending to the best of his ability his side; and the man who would n't do that is not worthy of a seat on the tripod.

I wish, gentlemen, that, in addition to drinking the health of the medical journals of Kentucky at these annual feasts, you would do something more practical toward sustaining it. Come down handsomely toward paying their doctors' bills, for instance. I know that the vast majority of those I address do so; but I am speaking to the Kentucky State Medical Society as the representative of the whole profession in the state, and through it I wish to reach the uttermost doctor within our borders, from the Big Sandy to the Mississippi, from the Ohio to the Tennessee line. I let you into a piece of confidence. A great many doctors write for fame, but publishers print only for money. You have no idea what cold-blooded wretches they are! They would ten times rather read a check for the amount of their monthly account than the best-considered article in the pages for which they are paid. The majority of medical editors are, I believe, waiting patiently for the dawn of a more appreciative world to get their full reward; but the hope still lingers in their breasts that they may possibly get even in this, and toward the consummation of this not very unholy ambition I bespeak your assistance. Many of you are too modest to write any thing for the professional gaze. In that case write, or have written for us, a postal order, and no one shall see it but those directly concerned.

But in regard to this matter of writing, gentlemen, I don't think you do your full

duty there. A great many of you fail to record experience which ought to be recorded. You say, why write when the books contain it all? Well, perhaps they don't contain it all; and, even if it is an old story, there may be a new way of telling it. At any rate it has a far better chance of being heard through the journals, than through the books resting so undisturbed on the shelves. There are some of our Kentucky doctors, too, who, when they have written, prefer to send their papers out of the state to have them read. I object to much of this very strenuously. I am a state's-rights man as far as this matter at least is concerned. Until the Kentucky journals are filled to the brim and overflowing with the talent of the state, I would lay an embargo upon its exportation. I haven't the slightest objection, mind you, to importation of this product; it's the other fellows' look-out to defend their lines, but I claim for my contemporaries and ourselves the first pick in the native material. I don't think we have had many instances of what I saw the other day from Indiana, when a medical gentleman seemed to feel himself called upon to send a mighty essay, just ten lines long, to the London Practitioner for publication; but there are a number of you who have a, "hankering" after New York and Philadelphia, which rouses my jealousy. I don't care if a stray lucubration or so finds its way from Kentucky into Ohio, Indiana, Tennessee, etc., for they are neighbors of ours in whose veins pretty much the same whisky and water mingle. I am inclined also to excuse the monthly letter which our brilliant Danville brother sends to New Orleans (for our old friend Bemiss won his fight and made his name in Kentucky); but, as I have already remarked, I want all other business of this kind pretty much stopped for a while at least. And I don't see why you all can't see it in the same light. Doctors, I imagine, write generally for the fame and the income this brings; and I don't think the majority of practice in this state comes to us from across

the mountains. Kentucky is the field of our fame and our fortune. If you have any thing to write worth reading, send it to Louisville. If you have any chemical essays on hand, any ethical complaints against your neighbor to record, any algebraic formulas to express, any business proceedings of societies to report, send them any where you choose, just so that they won't come back to us in vast numbers.

Of course, gentlemen, what I have said is only in the way of fatherly advice. We have very little to complain of, and much to be thankful for, in the manner which the profession of Kentucky has supported us with pen and purse; and I can say, for my neighbors at least, that they are worthy of your support. It is hardly possible that many of you have the opportunity of comparing journals to the extent which an editor has. I read a vast number of medical periodicals in my work from all over the world, and I can truly say that there are few which fulfill their object better than my Kentucky contemporaries. The measure of their patronage is shown, too, in the fact that they have lived so long, and, as I believe and sincerely hope, have flourished, while scores of periodicals in the country have gone under. I know at least that, thanks greatly to the support of the Kentucky profession, the NEWS is far from being bankrupt; and that is saying much for times like these. I can not, of course, speak of its worthiness. Yet as a journalist, I can not let the opportunity for advertisement pass unimproved. Know then, those of you who have not tested it, and say all of you to inquiring friends, that the wholly unbiased opinion of my friend across the table (Dr. L. P. Yandell, Jr.), is that professional life would be a burden without the LOUISVILLE MEDICAL NEWS."

OUR report of the Kentucky State Society fails to mention that Dr. Singleton was re-elected corresponding secretary. Drs. McMurtry, McKee, Harlan, and Meyer form the Committee of Arrangements.

Correspondence.

MEETING OF THE KENTUCKY STATE MEDICAL SOCIETY.

To the Editors of the Louisville Medical News:

The Kentucky State Medical Society convened at Frankfort at noon on Tuesday, the 2d of April. Owing to the fact that the legislature had not adjourned, as had been expected, the place of meeting was changed from the hall of the House of Representatives to Major Hall. The number of members present was not as large as had been expected, considering the central position of Frankfort.

The convention was called to order by Dr. Dismukes, acting president of the society, and the address of welcome was delivered by Dr. Wm. B. Rodman, the junior vice-president and chairman of the Committee of Arrangements. The afternoon of Tuesday was occupied with the enrollment of members, after which the call of the standing committees was commenced. A resolution was introduced to abolish the Nominating Committee; it was lost, and a committee was appointed by the president to report the next morning the names of the officers of the association.

The society met again in night-session to listen to the address of the president, Dr. Dismukes, and of Dr. Cowling, chairman of the Necrological Committee, upon the life and services of Dr. L. P. Yandell, sr., who had died during his presidency of the association.

At the morning-session on Wednesday, April 3d, the Nominating Committee presented the names of the following gentlemen to fill the offices of the society:

President—Dr. Chas. A. Todd, of Owensboro; Senior Vice-president—Dr. W. H. Wathen, of Louisville; Junior Vice-president—Dr. A. Price, of Harrodsburg; Secretary—Dr. J. H. Letcher, of Henderson; Treasurer—Dr. J. A. Larrabee, of Louisville; Librarian—Dr. John Speed, of Louisville; Publication Committee—Dr. Coleman Rog-

ers (chairman), Dr. R. O. Cowling, Dr. Jas. Holloway, of Louisville.

The report was accepted and the nominations were confirmed.

Dr. Lunsford P. Yandell, jr., asked for a reconsideration of the vote by which the election of officers was made through a nominating committee. It was reconsidered, and the motion of Dr. Drake, laying over from last year, by which elections were to be made by ballot of the convention, was then adopted.

Dr. McMurtry invited the society to hold its next meeting in Danville, at which time it was expected that the McDowell monument would be ready to be unveiled. The invitation was accepted.

Dr. Cowling moved that the next meeting be upon the first Tuesday in May, instead of April. Adopted.

After the executive session, the call of the regular committees was commenced, and continued through the day.

In the evening a banquet was given by the citizens of Frankfort to the society at the Capital Hotel. About two hundred and fifty persons were present, including members of the society and invited guests. There was a bountiful repast, a flow of wine and speeches, and the festivities were kept up to a late hour.

On Thursday morning the call of committees was continued, and at noon the society adjourned for the year.

Numerically, the meeting of the Kentucky State Society for 1878 was not successful, but the occasion was exceedingly enjoyable to all who were present. Owing to the small number of resident physicians, the committee of arrangements was severely taxed. We believe, indeed, that Dr. Rodman was not only chairman, but composed the body of that hard-worked committee, and placed the society under many obligations to him for the manner in which he had discharged his duties. The number of papers presented was unusually large. But few of the committees appointed last year failed to report, and the result was that many voluntary

papers were referred without reading, and almost all discussion was cut off. It will be a better time to judge of the merits of the papers presented when they are in print. Some of the papers were clearly too long, occupying an hour in reading, and a part of the discussion was somewhat impractical, notably that of specialists, over the point as to whether a visual equation under certain conditions was R. S. V. P., or the square-root of C. O. D. The debate grew very acrimonious; and, at its conclusion, the society adjourned *sine die*. After all the social element was the great feature of this meeting as at all others. The beautiful city of the hills never looked more charming, and the wide-spread numbers of the association never looked gladder to see each other than they did last week. Few present will not remember the meeting as one of the most pleasant we have ever held.

"MEMBER."

Miscellany.

In some notes on post-mortem appearances in cases of famine-stricken natives, in The Doctor, A. Porter, M. D., Surgeon-major, Indian Medical Department, says:

"The chief diseases from which the famine-stricken suffered were bowel-complaints, including cholera, atrophy, and anasarca. The state of the body was either that of great emaciation or of general dropsy. In the former case the weight of the male body averaged seventy-seven pounds, and we have seen it as low as fifty-four pounds, while of the women the body-weight averaged sixty-one pounds, the minimum being as low as forty pounds. However, it must be remembered that the Tamil people are small, the average height of males being about five feet four inches, and of females being about five feet. The weight of the dropsical bodies averaged about ninety-five pounds for males, and eighty pounds for females. The skin in almost every instance was covered with scurf; bed-

sores, ulcers, or skin diseases, of any kind, except itch, were uncommon, and no signs of scurvy were detected in any instance.

"The brain and its coverings were generally very anæmic, or, at most, there was passive congestion of the vessels arising from the position of the body, or such like effusion of pale, straw-colored serum into the arachnoid cavity, and beneath the arachnoid into the sulci over the convexity of the hemispheres, was very common, and subarachnoid ecchymosis in blotches, mostly situated about the fissure of Sylvius, was occasionally found.

"The pericardium usually contained some straw-colored serum, rarely more than two ounces, often much less. The heart was generally small and flabby, with little if any fat on the surface, or with the fat replaced by œdema, and the so-called soldier's spot was by no means uncommon; the muscle usually looked pale, and the cavities were empty, or with perhaps a few dark clots in right side.

"The pleura were, with a very few exceptions, free from recent disease, but old adhesions were almost the rule, and the presence of straw-colored serum in the cavity was very frequent.

"The lungs were seldom both found quite free from disease; perhaps the most common lesion was hypostatic congestion, often reaching the state known as inflammatory œdema; collapse of parts of the lung tissue was also frequent, and hepatization of spots of lobules far from rare. Tubercular deposits, mostly in a latent state, were also found in a considerable number of cases.

"The peritoneum often contained more or less straw-colored serum, but more frequently it was quite healthy. There was usually nothing remarkable about the stomach except its size, which was often enormous as compared with an European's.

"The small intestines frequently had lumbrici among the contents; the mucous coat was often thin and deficient in mucus, œdema was often present, and deep purple congestion of lower end of ileum, with a gray film of lymph adherent, was not infre-

quent; this was abraded or actually ulcerated in a certain number of cases, but in no instance was there ulceration similar to that found in typhoid fever; tubercular ulceration, however, was not uncommon. In a few cases there were spots of sub-mucous ecchymosis, mostly situated in the jejunum, and in nearly all the cholera cases were found the prominence of the solitary glands usual in that disease. The large intestine was generally empty; it seldom contained scybala, and was in a few cases lined by dry faeces. The mucous membrane was sometimes pale and thin, with the mouths of the follicles very patent, a circle of congestion or of incipient ulceration often marking each off; it was frequently found in all degrees of congestion, swelling, thickening, and ulceration, or sloughing; actual perforation of the gut occurred in no instance, but in several cases perforation occurred in handling after removal. Œdema of the whole tract was by no means uncommon; instances of follicular abscesses and of effusion of pus beneath the mucous membrane were also found.

"The liver was generally small, anæmic, and flabby, and more or less *fatty*; often it was *extremely fatty*, when it would be larger, plumper, and of an ochery hue; abscess or tubercular or other deposit was rare.

"The spleen was invariably remarkably atrophied, weighing only half an ounce to two ounces, and was usually tough and not friable and devoid of pulp.

"The kidneys were generally small and anæmic, and *often were fatty*.

"The pancreas usually weighed under two ounces, but looked healthy.

"The mesenteric glands were usually pale and atrophied, not enlarged as in ordinary cases of chronic dysentery, and the omentum and mesentery were generally free from fat and often œdematous.

"In every case the liver, spleen, and kidneys were examined for albumenoid degeneration, and in a few cases this lesion was looked for in the intestinal tract, but in no instance was there a trace of it found anywhere."

PROF. DAVID W. YANDELL, OF LOUISVILLE, KY.—Medical Record: During his visit to this city, on his way to Europe, this distinguished gentleman has been the guest of Prof. F. J. Bumstead, and has been the recipient of many hospitalities from his numerous friends. On the eve of his departure (Tuesday) Dr. Bumstead tendered him a brilliant reception, at which was present a large number of representative medical men.

LONDON Medical Examiner: The Medical Society of Antwerp has established a "black book," in which the members are invited to enter the names of patients who without sufficient reason, such as poverty or the like, fail to pay their bills. Doubtless there are not a few English towns in which a similar book would form a very useful guide to general practitioners.

Selections.

The Excision of Hard Chancres.—The Doctor: Considerable success seems to have followed this practice, which has now been for some time followed by Professor Auspitz, of Vienna. From the *Vierteljahrsschrift für Derm. und Syph.*, 1877, we learn that he has excised hard chancre in thirty-three cases, as first recommended by Hueter in 1867. The results are: (1) In a large number of cases no further syphilitic symptoms appeared, although at the time of the operation there was almost invariably indolent enlargement of the inguinal glands. This fact Auspitz regards as a proof that the initial sclerosis is not a pathological result of a pre-existing general systematic infection, but a starting-point or original *dépôt* for the infective material by which syphilis is transmitted. (2) In those cases where no secondary induration appeared after excision in the seat of the former chancre, there were, as a rule, no further symptoms of syphilis. (3) In some cases excision was followed by a secondary induration and a general outbreak of cutaneous and other syphilitic phenomena; but here the probability is that either the whole of the original chancre was not removed, or that the disease had spread too far along the neighboring blood-vessels before excision was performed. (4) In four cases the hard chancre was preceded by a soft sore, and in none of these did general symptoms fol-

low excision. (5) The operation can be recommended as a preservative measure against general infection where the induration has been of short duration, where no lymphatic glands are indurated but the inguinal glands, and no other syphilitic symptoms are to be detected, and where the chancre is favorably situated, and can be properly dressed and attended to after the operation. (6) Further evidence is required to show whether excision exercises any influence on the duration or severity of the general syphilitic symptoms in those cases in which it fails to prevent their outbreak, but there are grounds for believing that it possibly may.

New Method of Treating Trichiasis.—London Practitioner: Dr. Galezowski recommends the following plan of treating inversion of the eyelashes as having proved very successful in his hands, and as one that is sufficiently easy to practice. The patient being anesthetized, a horn spatula is introduced beneath the lid to protect the cornea; an incision is then made through the skin parallel to the border of the lid from one angle to the other; the skin is immediately dissected back from both sides of the wound; the two edges of the wound are now strongly separated by retractors or forceps, and all the subcutaneous tissues—the muscular layer, the cellular tissue, and finally the surface of the tarsus—are cauterized with a thermo-cautery having a very fine extremity. At the conclusion of the operation the wound is carefully cleansed, and iced compresses are applied to the eyelid. Upon the third day the lid and even the cheek become inflamed; suppuration occurs, and lasts for a week. And now by degrees the borders of the wound become approximated, and the cicatricial tissue which is formed brings about the complete restoration of the cilia to their natural position so far as regards the cutaneous wound; this not having been cauterized, but only incised, its edges become closely adherent, and constitute a linear cicatrix that is hardly visible. In fact, by taking the precaution to incise the skin before applying the cautery, the formation of a large red cicatrix, which often remains for a long time, is avoided.—*Recueil d'Ophthalmologie, Juillet, 1877.*

Stretching of Nerves.—Dr. Blum terminates, in the *Archives Générales* for February, an elaborate review of what has been done on this subject, with the following general conclusion: "Elongation acts sometimes by disengaging the nerve from the neighboring tissues which compress it; but its efficacy is chiefly due to the modifications which it produces on the structure, and especially the circulation, and that not only at the spot where the distension is made, but also at points more or less distant from the wound."